

DEPARTMENT OF AGING

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PROGRAM MEMO

TO: AREA AGENCIES ON AGING (AAA)	NO.: PM 01-19 (P)
SUBJECT: Fiscal Year (FY) 2001-02 Revised Title V Allocations for Amendment #1 and Cost Management Changes	DATE ISSUED: December 27, 2001
REVISED:	EXPIRES: Until Superseded
REFERENCES: PM 01-07 (P), Older Workers Bulletin (OWB) 97-26	SUPERSEDES:
PROGRAMS AFFECTED: <input type="checkbox"/> All <input type="checkbox"/> Title III-B <input type="checkbox"/> Title III-C1/C2 <input type="checkbox"/> Title III-D <input type="checkbox"/> Title III-F <input checked="" type="checkbox"/> Title V <input type="checkbox"/> CBSP <input type="checkbox"/> MSSP <input type="checkbox"/> Title VII <input type="checkbox"/> ADHC <input type="checkbox"/> Other: _____	
REASON FOR PROGRAM MEMO: <input checked="" type="checkbox"/> Change in Law or Regulation <input type="checkbox"/> Response to Inquiry <input checked="" type="checkbox"/> Other Specify: <u>Revised Title V Allocations and Cost Management Changes</u>	
INQUIRIES SHOULD BE DIRECTED TO: Your Assigned AAA-Based Team	

Attached are the revised Title V allocations for State FY 2001-02. The Department originally processed contracts based on the prior year allocations. The Department has received the Notice of Grant Award from the U.S. Department of Labor that includes funds for the Older Americans Act (OAA), Title V, Section 502(e) project (PSA 10 and PSA 20) and a decrease of \$5,397 for baseline funds. The Department has revised your FY 2001-02 allocations to reflect these changes in federal funds and an increase in General Fund for the minimum wage.

Each Senior Community Services Employment Program (SCSEP) Grantee is required to submit a budget revision, **30 days from the date of this Program Memo**, for the following budget changes:

(1) SCSEP budget adjustment to reflect the actual federal allocation, (2) additional State allocation of funds to offset the minimum wage increase of \$.50 effective January 1, 2002, and (3) OAA, Title V, Section 502(e) federal funding awards for PSA 10 and PSA 20.

Implementation of OAA Amendments

The OAA amendments seek to align SCSEP's cost management system with that used by programs administered under the Workforce Investment Act (WIA) of 1998. To accomplish this alignment, the amendments have changed cost categories and cost accounting procedures in several ways:

- Certain types of expenses have been removed from the "Administration" cost category. For example, programs no longer need to charge to the Administration cost categories:



(1) Developing and operating a Management Information System (MIS) that involve *program participants and activities*, (i.e., staff that create and input data into a database which tracks enrollee activity to assist in the completion of enrollee reports); (2) Planning, developing, monitoring, and oversight of *program activities*; and (3) community outreach. **Note:** The costs of MIS and monitoring of *administrative functions and activities* must still be charged to the Administration cost category. As outlined in **OWB 97-26**, costs such as financial management, staff supervision, and costs associated with those functions should still be charged to the Administration cost category.

- The cost categories of Enrollee Wages and Fringe Benefits (EWFB) and Other Enrollee Costs (OEC) have been combined into a **new** category called *Program Costs*. All expenses not specifically classified as Administration may be charged to this new category. This includes: (1) EWFB; (2) enrollee assessment, training, job development placement, supportive services, recruitment, eligibility determination, host agency development, counseling, and costs associated with those functions, and other costs formerly charged to the OEC category; and (3) certain other costs, such as those mentioned above, formerly charged to the Administration cost category.

Generally, charging of costs should be based on functions performed. **Note:** SCSEP still retains the requirement that 79 percent of total federal grant funds must be spent on EWFB. For financial budgeting and reporting purposes, SCSEP projects should now assign expenses to the following categories:

- Administration
- Program/EWFB
- Program/Other

The cost allocation principles of **OWB 97-26** should be applied to the new cost categorization. A copy of this bulletin can be obtained at wdr.doleta.gov/directives/. Staff of SCSEP projects, especially small ones, regularly performs activities that can be categorized as both "Administrative" and "Programmatic." Staff should be careful to correctly record their time and other expenses in the proper category.

SCSEP projects should begin to implement the new cost classification procedures outlined above retroactive to July 1, 2001.

The Application for Project Grant Funds for the SCSEP under the OAA (CDA 35, Part I, II, III, IV), SCSEP Budget Narrative, and the Monthly Expenditure Report/Request for Funds (CDA 29) have been revised to reflect these changes (see attachments). AAAs should begin using the revised forms immediately.

Original signed by Lynda Terry

Lynda Terry
Director

Attachments

Instructions for CDA 35

Complete all sections of the “Application for Project Grant Funds for the Senior Community Services Employment Program (SCSEP) under the “Older Americans Act.”

PROJECT INFORMATION:

1. Identify the agency to administer the SCSEP Program.
2. List the legal applicant/recipient's name, address, city, county, zip code, contact person, and telephone number.
3. Identify the area of impact: names of cities, counties, etc.
4. List authorized enrollee slots. (Use the latest TV Allocation requiring this revision)
5. Identify the project period.
6. Check the type of organization.
7. List the proposed funding (Verify funding allocations from the latest Revised TV Allocation; also check that numbers listed are in Part II and III of the Budget are in agreement).
8. Identify number of the Assembly District(s).
9. Identify Senatorial District(s).
Identify Congressional District(s).
10. State the Terms and Conditions of the Grant.
11. Sign and date the application (signature of authorized official required).

PART II - BUDGET

Part II of the application displays SCSEPs three cost categories across the top of the form: Administration, Program/Enrollee Wages and Fringe Benefits (EWFB), and Program/Other. Each cost category is divided into federal and non-federal columns. Allowable SCSEP budget line items are listed in all columns.

Reminder: Indirect Costs under the Administration Federal cost category **may not exceed 10% of the total funds budgeted for that cost category.** (It doesn't matter how much is budgeted for indirect cost under the non-federal column. However, do not include it with the federal indirect cost when making your ten-percent determination.)

Conduct a math check across and down each line and column to verify accuracy of data.

PART III - BUDGET SUMMARY

Ensure that the total line entries in Part II are accurately repeated in the federal and nonfederal columns in Part III.

Complete a math check across and down each line and column and precisely identify any math errors.

- Ensure that the Federal **Administration** line item entry **does not exceed 8%** of the total SCSEP grant award. (i.e., Total grant award X .08 = Allowable Federal Administration dollars).
- Ensure that the Federal **Program/EWFB** line item entry represents **at least 79%** of the total Title V grant award. (i.e., Total grant award x .79 = Program/EWFB).
- Ensure that the total **Nonfederal** program **costs** line item entry represents **at least 10%** of the total program cost.

BUDGET NARRATIVE

The budget narrative provides a clear rationale for **each line item entry** indicated on page two of the budget. Provide in detail the formula or set of formula which identify the relevant cost factors of each line item. Example:

Project Director's Salary

Hourly salary X 2080* hours (*equivalent to 1 Full-time Equivalent (FTE)) = Annual salary. (e.g., \$10.00 per hour X 2080 hours = \$20,080).

Reminder: Complete a math check across and down each line and column to verify accuracy of calculations.

Administration cost category:

Report staffing changes. Ensure that staff time (full or part-time) charged to the program is identified for each SCSEP staff.

Program/EWFB cost category:

Verify that the total number of enrollee slots is in agreement with the latest Revised Title V Allocation. To ensure compliance with State and federal requirements, verify the enrollee's hourly wage, the average work week hours, and the annual hours.

e.g., Minimum wage: \$6.75 hr. Effective January 1, 2002

Enrollee work schedule: 20 hours per week, 1040 hours per year

Each program must clearly distinguish each cost budgeted for enrollee fringe benefits and physical assessments within the Program/EWFB Section of the Budget Narrative. ***The Program/Other category is not an acceptable cost category for enrollee physicals.***

Be sure to include the program cost for each enrollee's physical assessment.

Under the Program/Other cost category:

Ensure the amount of time (full or part-time) to be charged to SCSEP is identified for each SCSEP staff.

All enrollee supervision and/or on-the-job instruction matching activities must be documented by time studies or daily time sheets.

The cost of enrollee physical assessments must be charged to the Program/EWFB cost category and cannot be charged under Program/Other.

**FY 2001-02 Title V Allocations
Federal and State Funds**

<i>PSA</i>	<i>Grantee</i>	<i># of Slots</i>	<i>Prior Federal Funds</i>	<i>Change in Federal Funds</i>	<i>Revised Federal Funds</i>	<i>Prior State Funds</i>	<i>Change in State Funds</i>	<i>State Funds</i>	<i>Total</i>
4	Area 4	26	174,980	769	175,749	23,021	13,493	36,514	212,263
5	Marin	9	60,685	151	60,836	8,051	4,588	12,639	73,475
7	Contra Costa	13	87,490	385	87,875	11,529	6,728	18,257	106,132
8	San Mateo	25	168,250	740	168,990	22,137	12,972	35,109	204,099
9	Alameda	20	134,600	592	135,192	17,717	10,371	28,088	163,280
10	Santa Clara	46	309,580	47,422	357,002 *	40,701	23,900	64,601	421,603
11	San Joaquin	20	134,600	592	135,192	17,717	10,371	28,088	163,280
15	Kings-Tulare	15	100,950	444	101,394	13,297	7,769	21,066	122,460
16	Inyo-Mono	7	47,224	93	47,317	6,284	3,547	9,831	57,148
17	Central Coast Comr	6	40,494	64	40,558	5,400	3,026	8,426	48,984
18	Ventura	10	67,300	296	67,596	8,877	5,167	14,044	81,640
19	LA County	271	1,823,830	8,017	1,831,847	239,601	140,985	380,586	2,212,433
20	San Bernardino	49	329,770	26,733	356,503 *	43,353	25,461	68,814	425,317
21	Riverside	90	605,700	2,663	608,363	79,597	46,797	126,394	734,757
22	Orange	96	646,080	2,840	648,920	84,901	49,919	134,820	783,740
23	San Diego	73	491,290	2,160	493,450	64,569	37,950	102,519	595,969
25	LA City	241	1,621,930	7,129	1,629,059	213,081	125,374	338,455	1,967,514
28	Solano-Napa	11	74,030	325	74,355	9,761	5,687	15,448	89,803
30	Stanilaus	11	74,030	325	74,355	9,761	5,687	15,448	89,803
31	Merced	12	80,760	355	81,115	10,645	6,208	16,853	97,968
Total		1,051	7,073,573	102,095	7,175,668	930,000	546,000	1,476,000	8,651,668

Allocation per Slot	6,730	97	6,827	885	520	1,404	8,232
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Total Grant	7,589,147
Less 502E	71,344
Grant to be allocated	7,517,803
Less State Admin 5.50%	413,479
Federal Funds	7,104,324
State Funds	1,476,000
Total Available for Local Assistance w/o 502E	8,580,324

502E Projects	
PSA 10	46,061
PSA 20	25,283
	71,344

* Includes Federal Funds for 502E Projects

**FY 2001-02 Title V Allocations
Federal and State Funds**

PSA	Grantee	# of Slots	Prior Federal Funds	Change in Federal Funds	Revised Federal Funds	Prior State Funds	Change in State Funds	State Funds	Total
4	Area 4	26	174,980	-120	174,860	23,021	13,493	36,514	211,374
5	Marin	9	60,685	-157	60,528	8,051	4,588	12,639	73,167
7	Contra Costa	13	87,490	-60	87,430	11,529	6,728	18,257	105,687
8	San Mateo	25	168,250	-116	168,134	22,137	12,972	35,109	203,243
9	Alameda	20	134,600	-92	134,508	17,717	10,371	28,088	162,596
10	Santa Clara	46	309,580	45,848	355,428 *	40,701	23,900	64,601	420,029
11	San Joaquin	20	134,600	-92	134,508	17,717	10,371	28,088	162,596
15	Kings-Tulare	15	100,950	-69	100,881	13,297	7,769	21,066	121,947
16	Inyo-Mono	7	47,224	-146	47,078	6,284	3,547	9,831	56,909
17	Central Coast Comm	6	40,494	-142	40,352	5,400	3,026	8,426	48,778
18	Ventura	10	67,300	-46	67,254	8,877	5,167	14,044	81,298
19	LA County	271	1,823,830	-1,254	1,822,576	239,601	140,985	380,586	2,203,162
20	San Bernardino	49	329,770	25,056	354,826 *	43,353	25,461	68,814	423,640
21	Riverside	90	605,700	-416	605,284	79,597	46,797	126,394	731,678
22	Orange	96	646,080	-444	645,636	84,901	49,919	134,820	780,456
23	San Diego	73	491,290	-338	490,952	64,569	37,950	102,519	593,471
25	LA City	241	1,621,930	-1,115	1,620,815	213,081	125,374	338,455	1,959,270
28	Solano-Napa	11	74,030	-51	73,979	9,761	5,687	15,448	89,427
30	Stanilaus	11	74,030	-51	73,979	9,761	5,687	15,448	89,427
31	Merced	12	80,760	-55	80,705	10,645	6,208	16,853	97,558
Total		1,051	7,073,573	66,140	7,139,713	930,000	546,000	1,476,000	8,615,713

Allocation per Slot	6,730	63	6,793	885	520	1,404	8,198
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Total Grant	7,589,147
Less 502E	71,344
Federal Grant to be allocated	7,517,803
Less State Admin	449,433
Federal Funds available for Local Assistance	7,068,370
State Funds	1,476,000
Total available for Local Assistance w/o 502E	8,544,370
State Admin	449,433
Local Admin	565,470
Total Admin	1,014,903

502E Projects	
PSA 10	46,061
PSA 20	25,283
	71,344

* Includes Federal Funds for 502E Projects

**CDA 35
BUDGET NARRATIVE FORMAT
"EXAMPLE"**

COLUMN (1) ADMINISTRATION

	FEDERAL	STATE	NON-FEDERAL	TOTAL
<u>Personnel</u>	\$ 13,500		\$ 10,000	\$ 23,500

Costs of salaries and wages
to be paid to project staff at the
per annum rates shown:

Project Director
\$30,000 x 20% = \$6,000
Secretary
\$15,000 x 50% = \$7,500

Non-federal

Costs of one half-time
bookkeeper for the project to be paid by
the applicant.

Bookkeeper
\$20,000 x 50% = \$10,000
(1/2 per annum rate)

<u>Fringe Benefits</u>	\$ 2,025		\$ 1,500	\$ 3,525
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Costs of fringe benefits paid
to full-time staff. Fringe benefits amount
to 15 percent of salaries and wages which
include FICA, Workers' Compensation,
and Health Insurance. A copy of our
organization's personnel policies and standards
will be provided upon request to verify the
appropriateness of the amount indicated.

Non-federal

Costs of fringe benefits paid to
the half-time bookkeeper at the rate of 15
percent of salary. Benefits include those
listed above.

	FEDERAL	STATE	NON-FEDERAL	TOTAL
<u>Travel</u>	\$ 3,150	\$ -0-	\$ -0-	\$ 3,150

Travel costs incurred by project staff. The amount is based on the following estimates:

10,000 miles @ \$.20/mile = \$2,000
 Per Diem: 10 days @ \$50 = \$500
 Other: taxi, public transportation,
 air travel = \$650.

<u>Equipment</u>	\$ 1,200		\$ 150	\$ 1,350
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Cost one computer @ \$1,200.

Non-federal

Costs of one calculator @ \$150
 to be paid for by applicant and
 used for this project.

SUBTOTAL FOR ADMINISTRATION	\$ 19,875		\$ 11,650	\$ 31,525
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COLUMN (2) PROGRAM/EWFB

IMPORTANT: Funds are being provided to pay all enrollees the California minimum wage of \$6.75 per hour. This is funded by Federal funds at \$5.15 per hour and State funds at \$1.60 per hour. ALL STATE FUNDS MUST BE BUDGETED FOR ENROLLEE WAGES ONLY AND MUST BE ACCOUNTED FOR SEPARATELY.

<u>Personnel</u>	\$267,800	\$31,200		\$299,000
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Enrollment Positions: 50
Average Wage Rate: \$6.75
Average Work Week: 20 hours
Hours funded: 1,040

FEDERAL FUNDS:

\$5.15 x 1,040 hours = \$5,356 per enrollee
50 enrollees x \$5,356 = \$267,800

STATE FUNDS

Enrollment Positions: 50
Average Wage Rate: \$1.60
Average Work Hours: 1,040 hours
\$1.60 x 1,040 hours = \$1,664
50 enrollees x \$1,664 = \$83,200
The State will provide \$83,200
in cash for enrollee wages to pay for the
increase in the California minimum wage.

	FEDERAL	STATE	NON-FEDERAL	TOTAL
<u>Fringe Benefits</u>	\$ 41,754		\$ 3,096	\$ 44,850

Costs of enrollee fringe benefits.
 The fringe benefits amount to
 15 percent of enrollee wages and include
 FICA, Workers' Compensation and
 Health Insurance.

<u>Physical Assessments</u>	\$ 1,000		\$ 1,000	\$ 2,000
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Medical exams for 50 enrollees at an
 average of \$20 each: \$20 per exam x 50
 enrollees = 1,000.

Non-federal

Non-federal contributions for medical exams:
 \$20 per exam x 50 enrollees = \$1,000.

SUBTOTAL FOR PROGRAM/EWFB	\$310,554	\$31,200	\$ 35,296	\$377,050
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COLUMN (3) PROGRAM/OTHER

<u>Travel</u>	\$ 1,560		\$ 7,800	\$ 9,360
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Work-related travel of enrollees based
 on the following estimates:

6 enrollees @ 25 miles per week
 @ \$.20/mile x 52 weeks = \$1,560.

	FEDERAL	STATE	NON-FEDERAL	TOTAL
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Non-federal

Host agency contributions to work related travel of enrollees based on following estimates:

30 enrollees @ 25 miles per week
@ \$.20/mile x 52 weeks = \$7,800.

Supplies

	\$ 225		\$ 1,275	\$ 1,500
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Costs of supplies needed by enrollees on their jobs. Estimates are based on the following:

\$30 per enrollee x 50 enrollees = \$1,500
\$225 will be paid out of federal funds.

Non-federal

Experience indicates that host agencies contribute approximately 95 percent of the supplies needed by enrollees on their jobs.

Other

	\$ 950		\$ 200	\$ 1,150
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Enrollee Meeting Space: 2 Meetings x \$50 Room Fee =\$100.

Enrollee Outreach: Printing \$200, Postage \$150.

Other Enrollee Communications: Telephone and FAX \$500.

Non-federal

Grantee will provide the following:

Enrollee Meeting Room Space:

2 Meetings x \$50 Room Fee =\$100

Enrollee Outreach: Printing \$100.

	FEDERAL	STATE	NON-FEDERAL	TOTAL
<u>Orientation</u>	\$ 9,000	\$ -0-	\$ -0-	\$ 9,000

Wages for staff conducting orientation:

Enclose duty statement

Project Director
 $\$30,000 \times 10\% = \$3,000$
 Job Counselor
 $\$20,000 \times 30\% = \$6,000$

<u>Assessment</u>	\$ 9,000	\$ -0-	\$ -0-	\$ 9,000
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Wages for staff conducting assessment:

Enclose duty statements

Project Director
 $\$30,000 \times 10\% = \$3,000$
 Job Counselor
 $\$20,000 \times 30\% = \$6,000$

<u>Training</u>	\$ 14,000	\$ -0-	\$ -0-	\$ 14,000
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Wages for staff conducting training:

Enclose duty statements

Project Director
 $\$30,000 \times 40\% = \$12,000$
 Job Counselor
 $\$20,000 \times 10\% = \$ 2,000$

<u>Job Development</u>	\$ 12,000	\$ -0-	\$ -0-	\$ 12,000
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Wages for staff conducting job development:

Enclose duty statements

Project Director
 $\$30,000 \times 20\% = \$6,000$
 Job Counselor
 $\$20,000 \times 30\% = \$6,000$

	FEDERAL	STATE	NON-FEDERAL	TOTAL
Non-federal	\$ -0-	\$ -0-	\$ 12,000	\$ 12,000

Costs of on-the-job instruction given to enrollees by supervisors paid out of non-federal resources. Estimated contribution is based on the following:

No. Hours Contributed: 40
 Estimated Value Per Hour: \$6.00/hr
 No. Enrollees: 50
 $40 \times 6 \times 50 = \$12,000$

<u>Fringe Benefits</u>	\$ 6,600	\$ -0-	\$ -0-	\$6,600
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Costs of fringe benefits provided for the Project Director and Job Counselor at the rate of 15 percent of salary. Benefits include FICA, Unemployment Insurance, Workers' Compensation, and Health Insurance.

<u>Transportation</u>	\$ 100	\$ -0-	\$ -0-	\$ 100
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To provide public transportation at \$1.00 each one way trip for 4 enrollee meetings for 25 enrollees

SUBTOTAL FOR PROGRAM/OTHER	\$ 53,435	\$ -0-	\$ 21,275	\$74,710
TOTAL PROJECT BUDGET	\$383,864	\$31,200	\$ 68,221	\$483,285

**APPLICATION FOR PROJECT GRANT FUNDS FOR THE SCSEP UNDER
THE OLDER AMERICANS ACT**

PROJECT INFORMATION			
1. AGENCY DESIGNATED TO ADMINISTER THE PROGRAM - NAME AND ADDRESS:			
2. LEGAL APPLICANT/RECIPIENT:			
NAME:		ADDRESS:	
CITY:	COUNTY:	ZIP CODE:	
CONTACT PERSON:		PHONE NUMBER:	
3. AREA OF IMPACT, NAMES OF CITIES, COUNTIES, ETC... :			
4. AUTHORIZED ENROLLEE POSITIONS:		5. PROPOSED PROJECT PERIOD:	
6. TYPE OF ORGANIZATION:		7. PROPOSED FUNDING:	
<input type="checkbox"/> PUBLIC AGENCY <input type="checkbox"/> PRIVATE NON-PROFIT		FEDERAL: \$ STATE: \$ NON-FEDERAL: \$ OTHER: \$ TOTAL: \$	
8. ASSEMBLY DISTRICT:		9. SENATORIAL DISTRICT:	
NUMBER(S):	NUMBER(S):	10. CONGRESSIONAL DISTRICT:	
		NUMBER(S):	
11. TERMS AND CONDITIONS OF THIS GRANT:			

IT IS UNDERSTOOD AND AGREED BY THE UNDERSIGNED THAT: 1) FUNDS AWARDED AS A RESULT OF THIS REQUEST ARE TO BE EXPENDED FOR THE PURPOSE SET FORTH HEREIN AND IN ACCORDANCE WITH ALL APPLICABLE LAWS, REGULATIONS, POLICIES, AND PROCEDURES OF THIS STATE AND THE OFFICE OF SPECIAL TARGETED PROGRAMS, EMPLOYMENT AND TRAINING ADMINISTRATION, U.S. DEPARTMENT OF LABOR; 2) ANY PROPOSED CHANGES IN THE PROPOSAL AS APPROVED WILL BE SUBMITTED IN WRITING BY THE APPLICANT AND UPON NOTIFICATION OF APPROVAL BY THE STATE AGENCY SHALL BE DEEMED INCORPORATED INTO AND BECOME PART OF THIS AGREEMENT; 3) THE ATTACHED ASSURANCES AND CERTIFICATES AND SPECIAL CLAUSES AND CONDITIONS APPLY TO THIS PROPOSAL AS APPROVED; AND 4) FUNDS AWARDED BY THE STATE AGENCY MAY BE TERMINATED AT ANY TIME FOR VIOLATIONS OF ANY TERMS AND CONDITIONS OF THIS AGREEMENT.

12. SIGNATURE OF AUTHORIZING OFFICIAL OF APPLICANT AGENCY:	
NAME AND TITLE:	DATE:

COMPLETE BOTH PARTS OF THIS AGREEMENT (PAGE 1 AND PAGE 2) AND RETURN 3 ORIGINALS
SIGNED BY THE AUTHORIZED OFFICIAL OF THE APPLICANT AGENCY TO:

STATE OF CALIFORNIA

Department of Aging

CDA 35 (Rev. 07/01)

APPENDIX 12

PAGE 2 OF 2

PSA# _____

1600 K Street
Sacramento, California 95814

PART II - BUDGET

CATEGORIES				ADMINISTRATION		PROGRAM COSTS						TOTAL		
						PROGRAM/EWFB			PROGRAM/OTHER					
						FEDERAL	STATE	NON-FED.	FEDERAL	NON-FED.				
				FEDERAL NON-FED.		FEDERAL	STATE	NON-FED.	FEDERAL	NON-FED.	FEDERAL	STATE	NON-FED.	
A.	PERSONNEL													
B.	FRINGE BENEFITS													
C.	TRAVEL													
D.	EQUIPMENT													
E.	SUPPLIES													
F.	CONTRACTUAL													
G.	OTHER													
H.	ORIENTATION													
I.	ASSESSMENT													
J.	TRAINING													
K.	SUPPORT													
L.	JOB DEVELOPMENT													
M.	TRANSPORTATION													
N.	INDIRECT COSTS													
O.	TOTALS													

PART III - BUDGET SUMMARY

	FEDERAL	STATE	NON-FEDERAL	TOTAL
TOTAL ADMINISTRATION				
TOTAL PROGRAM/EWFB				
TOTAL PROGRAM/OTHER				
TOTAL PROGRAM COSTS				

PART IV - STATE APPROVAL

SCSEP PROGRAM ANALYST	DATE	SCSEP PROGRAM COORDINATOR	DATE
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INSTRUCTIONS FOR CDA 29

Header Block - All Sections Must be Completed

Ensure that the name of the grantee agency and the contract number for the current contract period are exactly the same as stated on the Standard Agreement (Std. 2). It may be expedient to make a master copy of the form containing the proper heading information and duplicate the master for future use.

A. EXPENDITURE REPORT Month: Year:

Fill in the month and year for which expenditures are being reported. To determine the correct month to report expenditures, refer to the reporting requirements on page 59 of the 1999 SCSEP Manual.

Line 1. Federal Budgeted Expenditures

Enter the amount budgeted for federal expenditures from the last approved budget or revision.

Line 2. Federal Expenditures YTD

Enter the total federal expenditures reported YTD during the current funding period.

Line 3. Federal Expenditures YTD (%)

Enter the total federal expenditures reported YTD during the current funding period in the form of a percent. Divide line 2 by line 1, move the decimal point in this total two places to the right, enter the results on line 3.

Line 4. State Budgeted Expenditures

Enter the amount budgeted for State expenditures from the last approved budget or revision.

Line 5. State Expenditures YTD

Enter the total State expenditures reported YTD during the current funding period.

Line 6. State Expenditures YTD (%)

Enter the total State expenditures reported YTD during the current funding period in the form of a percent. Divide line 5 by line 4, move the decimal point in this total two places to the right, enter the results on line 6.

Line 7. Total Expenditures (Federal, State, and Total Local Share)

Enter the monthly totals for each cost category (if applicable, include indirect cost expenditures) and the grand total for each line item. Add lines 10, 12, (for Program EWFB only) 14, and 16; the results should equal the amount listed on line 7.

Line 8. Local Share - Cash

Enter for each cost category the amount of cash (non-federal and non-State dollars) contributed locally as cash match to support the program for the monthly reporting period. This is one part of the total local share reported on line 10 for the monthly reporting period.

Line 9. Local Share - In-kind

Enter for each cost category the dollar value of goods/services contributed at the local level as in-kind match to support the program for the monthly reporting period. This is one part of the total local share reported on line 10 for the monthly reporting period.

Line 10. Total Local Share

Add lines 8 and 9, and enter the total local share in each cost category for the monthly reporting period on line 10. Subtract lines 12, (for Program EWFB only) 14, and 16 from line 7; the results should equal the amount listed on line 10.

NOTE: Local share expenditures must be equal to or greater than the mandated ten percent federal matching requirements. In addition, the monthly total local share should be reported in proportion to the manner in which federal and non-federal resources are reflected in the last approved Title V budget (i.e., if the budget reflects 60 percent of a cost category is to be paid with federal funds and the remaining 40 percent with non-federal funds, the same percentage breakdown should be used when the actual expenditures are reported on the CDA 29 for each monthly reporting period).

Line 11. Total Local Share YTD

Enter the total local share expenditures reported YTD during the current funding period. This entry is the sum of adding the total local share expenditures reported on line 10 to the entry reported on the total local share YTD (line 11) of the previous month's CDA 29. These figures should reflect an accurate fiscal status of the project.

Line 12. State Share

Indicate the total State funds expended for the Program/EWFB each cost category during the monthly reporting period. Subtract lines 10, 14, and 16 from line 7; the results should equal the amount listed on line 12

Line 13. State Share YTD

Enter total YTD expenditures for each cost category where State funds have been expended. This entry is the sum of adding the total State share expenditures reported on line 12 to the entry reported on the total State share YTD (line 13) of the previous month's CDA 29. These figures should reflect an accurate fiscal status of the project.

Line 14. Federal Share

Indicate the total federal funds expended for each cost category during the monthly reporting period. Subtract lines 10, 12, and 16 from line 7; the results should equal the amount listed on line 14.

Line 15. Federal Share YTD

Enter total YTD expenditures for each cost category where federal funds have been expended. This entry is the sum of adding the total federal share expenditures reported on line 14 to the entry reported on the total federal share YTD (line 15) of the previous month's CDA 29. These figures should reflect an accurate fiscal status of the project.

Line 16. Federal 502(e) Share

Enter federal expenditures for authorized Section 502(e) activities for each cost category during the monthly reporting period. This amount would be the portion of the funds listed on line 14 that were spent for 502(e) activities. Example: If you spent \$1,000 in federal funds and \$100 of that amount was spent on 502(e) activities, \$900 would be listed on line 14 and \$100 would be listed on line 16.

Line 17. Federal 502(e) Share YTD

Enter YTD federal expenditures reported during the current funding period. This entry is the sum of adding the federal 502(e) expenditures reported on line 16 to the entry reported on the federal 502(e) YTD (line 17) of the previous month's CDA 29. These figures should reflect an accurate fiscal status of the project.

B. ENROLLMENT

Month:

Year:

Enter the same month and year as shown in Item A.

Line 18. Allocated Positions

Enter the number of positions (enrollee slots) authorized by the Department for the current fiscal year.

Line 19. Positions Filled

Enter the number of positions filled at the end of the monthly reporting period.

Line 20. Temporary Positions

Enter the number of temporary positions being used at the end of the monthly reporting period.

C. REQUEST FOR FUNDS Month: Year:

Enter the month and year for which Title V funds are being requested. *This block must be completed.* To determine the correct month for each request, refer to the reporting requirements on page 59 of the 1999 SCSEP Manual.

Line 21. Grant

Enter the federal grant award and the State grant award for the current funding period. The grant award must be precisely the same amount indicated on the current Standard Agreement (Std. 2).

Requests YTD

Enter total federal funds requested YTD and the total State funds requested YTD for the current funding period in previous CDA 29s. Include all requests submitted to the Department whether payment has been received or not.

Balance

Enter the difference between the Grant and Request YTD entries for federal funds and State funds.

This Request

Based upon expenditures, enter the amount of advance federal funds and State funds needed for the succeeding month's operation. Request shall not exceed one-twelfth (1/12) of the federal grant award without special approval from the Department. Each Title V grantee must calculate excess cash on hand into the amount of funds requested for each month. Refer to the process to monitor excess cash on page 60 of the 1999 SCSEP Manual.

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Leave this section blank. This section is to be completed by CDA staff.

Person Authorized to Sign

Enter the signature of the person authorized to sign monthly reports.

Date

Enter the complete month, day, and year.

Typed Name And Title

Type the name and title of the person authorized to sign monthly reports.

**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
MONTHLY EXPENDITURE REPORT AND REQUEST FOR FUNDS**

**STATE OF CALIFORNIA
DEPARTMENT OF AGING**

CDA 29 (REV 07/01)

APPENDIX 13

Project/Subproject (Must be stated the same as on the contract)	Phone	PSA
Address (Street, City, State, Zip Code)	Contract Number	Contract Year

A. EXPENDITURES Month:

Year:

Description	ADMINISTRATION			PROGRAM COSTS		GRAND TOTAL
	GENERAL COSTS	INDIRECT COSTS	SUBTOTAL	PROGRAM EWFB	PROGRAM OTHER	
1. FEDERAL BUDGETED EXPENDITURES						
2. FEDERAL EXPENDITURES YTD						
3. FEDERAL EXPENDITURES YTD (%)						
4. STATE BUDGETED EXPENDITURES						
5. STATE EXPENDITURES YTD						
6. STATE EXPENDITURES YTD (%)						
7. TOTAL EXPENDITURES						
8. LOCAL SHARE CASH						
9. LOCAL SHARE IN-KIND						
10. TOTAL LOCAL SHARE						
11. TOTAL LOCAL SHARE YTD						
12. STATE SHARE						
13. STATE SHARE YTD						
14. FEDERAL SHARE						
15. FEDERAL SHARE YTD						
16. FEDERAL 502(e) SHARE						
17. FEDERAL 502(e) SHARE YTD						

B. ENROLLMENT Month:

Year:

18. ALLOCATED POSITIONS	
19. POSITIONS FILLED	
20. TEMPORARY POSITIONS	

FEDERAL
STATE

C. REQUEST FOR FUNDS Month:

Year:

21. GRANT	REQUESTS YTD	BALANCE	THIS REQUEST

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I certify to the best of my knowledge and belief that the information provided in this report is accurate and correct.

Fiscal Analyst	Date	Person authorized to sign	Date
Program Manager	Date	Typed Name & Title	